



Your business  
is our business.

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770  
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October 11, 2013

**By Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Highland Telephone Cooperative, Inc. – TN  
Study Area Code 290565**

Dear Ms. Dortch:

On behalf of Highland Telephone Cooperative, Inc. “Highland”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.<sup>1</sup> Highland seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<010> Study Area Code	290565
<015> Study Area Name	HIGHLAND TEL COOP-TN
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Dave Crawford
<035> Contact Telephone Number: Number of the person identified in data line <030>	423-628-2161
<039> Contact Email Address: Email of the person identified in data line <030>	dave@highlandtel.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice) <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice) <span style="float: right;">(attach descriptive document)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <span style="float: right;">0.0</span>		
<420> Mobile		
<430> Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 290565tn510 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 290565tn610 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <span style="float: right;">(if yes, complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability <span style="float: right;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <span style="float: right;">(if not, check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110> <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	290565
<015>	Study Area Name	HIGHLAND TEL COOP-TN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Crawford
<035>	Contact Telephone Number - Number of person identified in data line <030>	423-628-2161
<039>	Contact Email Address - Email Address of person identified in data line <030>	dave@highlandtel.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no )	<input type="radio"/>	<input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5				
<111>	year plan" filed with the FCC?	(yes / no )	<input type="radio"/>	<input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	290565
<015>	Study Area Name	HIGHLAND TEL COOP-TN
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<030>	Contact Name - Person USAC should contact regarding this data	Dave Crawford
<035>	Contact Telephone Number - Number of person identified in data line <030>	423-628-2161
<039>	Contact Email Address - Email Address of person identified in data line <030>	dave@highlandtel.net
<810>	Reporting Carrier	Highland Telephone Cooperative
<811>	Holding Company	
<812>	Operating Company	

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290565
<015>	Study Area Name	HIGHLAND TEL COOP-TN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Crawford
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dave@highlandtel.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

\_\_\_\_\_  
Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290565
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dave@highlandtel.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)
 ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)
 ☐

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	290565
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<030>	Contact Name - Person USAC should contact regarding this data	Dave Crawford
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dave@highlandtel.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	290565tn1210 <hr/> Name of attached document (.pdf)
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<1220> Link to Public Website	HTTP <hr/>
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	290565
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**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}


**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.


- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

\_\_\_\_\_

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p>	<input type="checkbox"/>
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	<p>Name of Attached Document Listing Required Information</p>	<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<input checked="" type="checkbox"/>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<input checked="" type="checkbox"/>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p>	<p>Name of Attached Document Listing Required Information</p>	<p>290565tn3017</p>
<p>(3018) If the response is no on line 3014, Is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>		<input type="checkbox"/> (Yes/No)
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p>		<input type="checkbox"/>
<p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<input type="checkbox"/>
<p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p>		<input type="checkbox"/>
<p>(3022) Underlying information subjected to a review by an independent certified public accountant</p>		<input type="checkbox"/>
<p>(3023) Underlying information subjected to an officer certification.</p>		<input type="checkbox"/>
<p>(3024) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<input type="checkbox"/>
<p>(3025) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dave@highlandtel.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	290565
<015> Study Area Name	HIGHLAND TEL COOP-TN
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Dave Crawford
<035> Contact Telephone Number - Number of person identified in data line <030>	423-628-2161
<039> Contact Email Address - Email Address of person identified in data line <030>	dave@highlandtel.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>John Staurulakis, Inc</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc
Name of Reporting Carrier:	HIGHLAND TEL COOP-TN
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Greg Patterson
Title or position of Authorized Officer:	COO
Telephone number of Authorized Officer:	426 628-2121
Study Area Code of Reporting Carrier:	290565 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	HIGHLAND TEL COOP-TN
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Alice Lewis
Title or position of Authorized Agent or Employee of Agent:	Manager
Telephone number of Authorized Agent or Employee of Agent:	217-498-6863
Study Area Code of Reporting Carrier:	290565 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**Highland Telephone Cooperative's demonstration of complying with applicable service quality standards and consumer protection rules:**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

**As a Cooperative, and in accordance with Tennessee Code Annotated, Title 65 Public Utilities and Carriers, Chapter 29 Telephone Cooperatives,** Highland Telephone Cooperative (“Company”) is not governed by the Rules of the Tennessee Regulatory Authority for service quality standards and consumer protection rules. However, the Company in the interest of protecting its own customers has incorporated consumer protection procedures comparable to those required of ILEC's in the State of Tennessee, allowing the Company to meet or exceed existing TRA rules. These procedures include, but are not limited to, the following: (1) publishing the rates, terms,

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.



and conditions of service; (2) implementation of anti-slamming and consumer protection procedures; (3) modeling bill presentation to reflect the truth-in-billing requirements; and (4) CPNI, Red Flag Rules, and other applicable federal requirements governing the protection of customers' privacy.

**Highland Telephone Cooperative's Ability to Function in Emergency Situations**

Highland Telephone Cooperative ("Company") hereby certifies that it is able to function in emergency situations as set forth in Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2).<sup>1</sup> The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

As a Cooperative, and in accordance with Tennessee Code Annotated, Title 65 Public Utilities and Carriers, Chapter 29 Telephone Cooperatives, Highland Telephone Cooperative is not governed by the Rules of Tennessee Regulatory Authority, Chapter 1220-4-2, 1220-4-2-.23 Emergency Operation. However, in compliance with Federal emergency situations rules the Company's central offices have adequate provision for emergency power a condition allowing them to meet or exceed existing TRA rules for emergency operations. Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Company has battery backup at all office locations and in its electronic

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment.

## Highland Telephone Cooperative

### Rates, Terms and Conditions for Lifeline Service

(Response to Form 481, Line 1210)

Local exchange service rates and charges as specified below are for basic local exchange service, including Tone Dialing Service, and facilities only. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates<sup>(1)(2)</sup>:

Exchange Name	R-1 Rate
Deer Lodge	\$ 15.43
Huntsville	\$ 15.43
Petros	\$ 15.43
Pine Knot	\$ 15.68
Oakdale	\$ 15.68
Oneida	\$ 15.43
Robbins	\$ 15.43
Stearns Whitley City	\$ 15.68
Sunbright	\$ 15.43
Wartburg	\$ 15.43

<sup>(1)</sup> Above listed fees do not include mandatory taxes, fees and surcharges, including, but not limited to 9-1-1 fees, and municipal franchise fees.

<sup>(2)</sup> Qualified Lifeline customers are eligible for Lifeline credits or discounts as outlined in the attached Lifeline tariff.

GENERAL SUBSCRIBER SERVICES TARIFF  
LIFELINE

Highland Telephone Cooperative  
Incorporated

PSC 2  
Part II  
2<sup>nd</sup> Revised Sheet 16

D.8.1 Description of Service

D.8.1.1 The Lifeline program is designed to increase the availability of telecommunications services to low income subscribers by providing a credit to monthly recurring local service for qualifying residential subscribers. Basic terms and conditions are in compliance with the FCC's Order on Universal Service in CC Docket 97-157, which adopts the Feder-State Joint Board recommendation in CC Docket 96-45, which complies with the Telecommunications Act of 1996. Specific terms and conditions are as prescribed by the Kentucky Public Service Commission and are set forth in this tariff.

D.8.1.2 Lifeline is supported by the federal universal service support mechanism.

D.8.1.3 Federal baseline support is available for each Lifeline service and is passed through to the subscriber. The amount of credit will not exceed the charge for local service, which includes the access line, the Subscriber Line Charge and local usage. (T)

D.8.1.4 The State Universal Service fund will be funded by the Kentucky Public Service Commission. Highland Telephone Cooperative, Inc., will bill the charge as prescribed by the KY PSC. The monthly Kentucky Lifeline charge will be as follows: \$0.08 per access line.

D.8.2 Regulations

D.8.2.1 General (D)

a.

b. One low income credit is available per household and is applicable to the primary residential connection only.

c. A Lifeline customer may subscribe to any local service offering available to other residence customers.

d. Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.

e. The deposit requirement is not applicable to a lifeline customer who subscribes to toll blocking. If a Lifeline customer removes toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.

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G. Mark Patterson

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COMMISSION  
OF KENTUCKY



GENERAL SUBSCRIBER SERVICES TARIFF  
LIFELINE

Highland Telephone Cooperative  
Incorporated

PSC 2  
Part II  
1<sup>st</sup> Revised Sheet 17

- f. The Federal primary interexchange carrier charge (PICC) will not be billed to Lifeline customers who subscribe to toll blocking and do not presubscribe to a long distance carrier.
- g. A Lifeline subscriber's local service will not be disconnect for non-payment of regulated toll charges. Local service may be denied for non-payment of local and miscellaneous service in accordance with Part I of this Tariff. Access to toll service may be denied for non-payment of regulated tolls. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.
- h. Lifeline is not available for resale.


D.8.2.2 Eligibility

- a. To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following low income assistance programs, or have income at or below 135 percent of the Federal Poverty Guideline [Note 1]. (N)
  - 1. Supplemental Security Income (SSI)
  - 2. Food Stamps
  - 3. Medicaid
  - 4. Federal Public housing/Section 8
  - 5. Low Income Home Energy Assistance Program (LIHEAP)
  - 6. Temporary Assistance to Needy Families (TANF)
  - 7. The National School Lunch Program's Free Lunch Program (NSL)
- b. All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.

D.8.2.3 Certification

- a. Proof of eligibility in any of the qualifying low income programs should be provided to the Company at the time application for service. The Lifeline credit will not be established until proof of eligibility has been received by the Company. If the customer requests installation prior to the Company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis.

[Note 1] This provision is effective June 1, 2012.

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GENERAL SUBSCRIBER SERVICES TARIFF  
LIFELINE

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Incorporated

PSC 2  
Part II  
1<sup>st</sup> Revised Sheet 18

- b. Proof of eligibility shall be in the form of an affidavit, certifying under penalty of perjury, that the subscriber is receiving benefits under one of the qualifying programs. It is the customer's responsibility to notify the Company when the customer is no longer participating in any of the qualifying programs.
- c. The Company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal laws. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with administration of the Lifeline plan.

D.8.3 Rates and Charges

D.8.3.1 General

- a. Lifeline is provided as amonthly credit on the eligible residential subscriber's access line bill for local service.
- b. Service charges in Part II are applicable for installing or changing Lifelien service.
- c.
- d. Service charges do not apply for converting existing service of Lifeline.

(D)

- D.8.3.2 The Lifeline credit passed through to the customer consists of one Federal baseline credit and one State Universal Service Fund credit per eligible Lifeline customer.

(T)

	Monthly Recurring Through 7/31/2012	Monthly Recurring After 7/31/2012
Federal Baseline Support	\$10.00	\$ 9.25
Kentucky Universal Service Fund Support	\$ 3.50	\$ 3.50
Total credit per eligible Lifeline customer	\$13.50	\$12.75

(R)

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**REDACTED – FOR PUBLIC INSPECTION**

**HIGHLAND TELEPHONE COOPERATIVE (SAC 290565)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**